

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET **10**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

521452

7

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓			↓			TOTAL IND.		↓			
TOTAL DEP.	G	←			←			TOTAL DEP.		↓			↓
TOTAL CLAIMS	J							TOTAL CLAIMS		←			←